

OCPMINST 12792.3A
10 SEP 1983
CPI 792-3A-C

SUPPLY LIST

<u>ITEM</u>	<u>STOCK NUMBER</u>	<u>REMARKS</u>
Bag, Specimen	NSN 6530-01-307-5431	This is a single plastic specimen bag size 5 X 8 inches. It has an adhesive top which is folded to attain a leak proof seal.
Bluing Agent	GSA No. GS-00F-05800 Product No. 013-7007	This vendor provides the item for the DON DFWP. Suitable substitutes may be used as long as they do not compromise program integrity.
Bottles, Wide-mouth	NSN 6530-00-837-7472	If used, must be poured into urine bottle listed immediately below.
Bottles, Urine	NSN 6640-00-165-5778	Mandatory for shipment of samples to NDSL. Comes with mailing carton for 12 specimens.
Cups, Styrofoam (8 oz.)	NSN 7350-00-082-5741	Can be used as "catch container."
Envelope, Shipping Cushioned	NSN 8105-00-281-1167	Size 17 1/2" x 19".
Glove, Plastic, Disposable	NSN 8415-00-682-6786	

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Labels, Yellow Gum GSA No. GS-00F-05800
 Bottle ID - 2023
 Address - 2027

This vendor provides the item for the DON DFWP. Suitable substitutes may be used if they do not compromise program integrity. These labels must be yellow and used for the urine bottle and as address labels attached to the outside mailer to ensure that the NDSL can readily identify civilian samples. The labels should be 3" x 1".

Notebook NSN-7530-00-222-3525

This is a standard 10 1/2" x 8" GSA notebook.

Mailer,
Water-Proof NSN 8105-00-857-2257

Used to protect copy of Urine Sample Custody Document enclosed inside shipment with specimens.

Mailing Pouch NSN 6530-01-304-9762

This is a multi-specimen plastic bag size 10.5 x 15 inches. It is designed to hold a single box of 12 specimen bottles and has an adhesive top which is folded to obtain a leak proof seal.

Pouch, Liquid
Absorbent NSN 6530-01-307-7433

This is a 2.5 x 3 inch absorbent pad which should be inserted into each individual specimen bag to contain any spilled urine.

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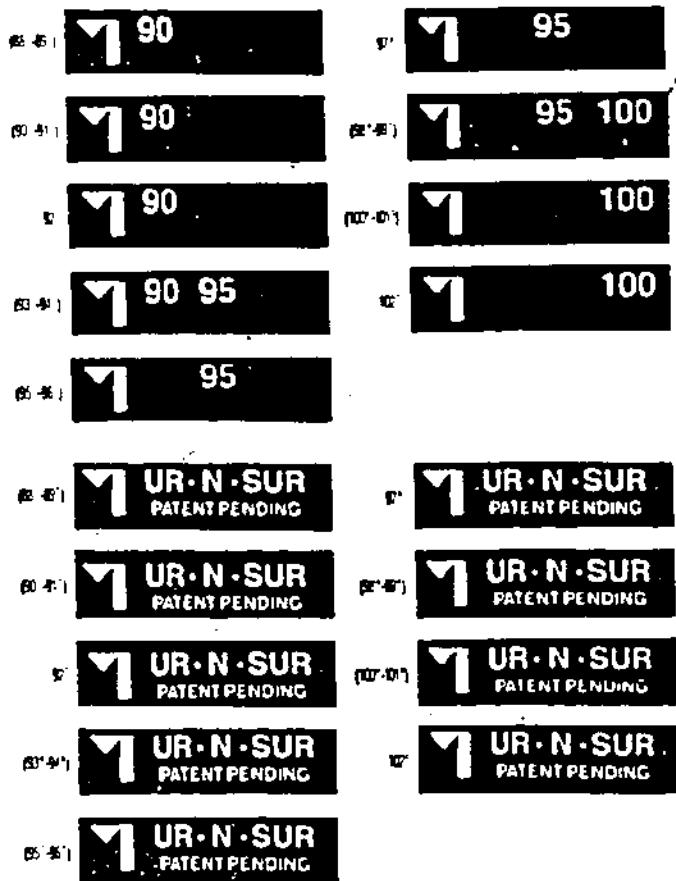
Pouch, Liquid Absorbent	NSN 6530-01-304-9754	This is a 5 x 5 inch absorbent pad which should be inserted into each mailing pouch to contain any spilled urine. This size pad can only absorb the fluid in six bottles, therefore a box of 12 bottles inside a mailing pouch will require two 5 x 5 inch pads.
Shield, Adapter	GSA No. GS 00F-05800 Product No. Wrapped - 080-1015 Unwrapped - 080-1005	This vendor provides the item for the DON DFWP. Suitable substitutes may be used if they do not compromise program integrity. This is a female adapter that screws on to the urine specimen bottle noted above and acts as a funnel to catch the urine. See attached copy.
Tape, Tamper-Proof	GSA No. GS-02F-48169 Product No. TRL-2N	Use of this tape is mandatory and 5,000 is a minimum order.
Thermometer, Liquid Crystal	GSA No. GS-00F-05-800 Product Nos. 1004 1012LQ 1014LQ 1011	This vendor provides the item for the DON DFWP. Suitable substitutes may be used if they do not compromise program integrity.

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OUR LIQUID CRYSTAL THERMOMETERS: MEASURE THE TEMPERATURE, VALIDATE THE SPECIMEN, ELIMINATE DIRECT OBSERVATION

88°-89°	90°-91°	92°-93°	94°-95°
GREEN CORRECT TEMP			
88 96	88 96	88 96	88 96
90 98	90 98	90 98	90 98
92 00	92 00	92 00	92 00
94 02	94 02	94 02	94 02
96°-97°	98°-89°	100°-101°	102°
GREEN CORRECT TEMP			
88 96	88 96	88 96	88 96
90 98	90 98	90 98	90 98
92 00	92 00	92 00	92 00
94 02	94 02	94 02	94 02

**MEDICAL IMPLEMENTS, INC.****(800) 228-8646****FAX # 1-804-379-7812****Temperature Strip Instructions**

1. Separate backing from strip to expose adhesive—Do not touch adhesive.
2. Position temperature strip on outside of the bottle, below liquid level.
3. Check that strip is well adhered, especially at corners.
4. Determine temperature of specimen by color or number in display window. Use color chart as guide.

Color Chart

- GREEN indicates actual temperature.
- Colors appear in sequence of tan-green-blue. Tan is lower than temperature indicated. Blue is higher than temperature indicated.
- The chart shows colors as they appear at different temperatures. If there are no colors present, the temperature is above or below the strip's temperature range.

Shelf Life

Our patented temperature strips (liquid crystal thermometer) should be stored in a cool, dry area—NEVER in direct sunlight. If stored as we suggest, the shelf life of these temperature strips is two years.

Attachment 1 to

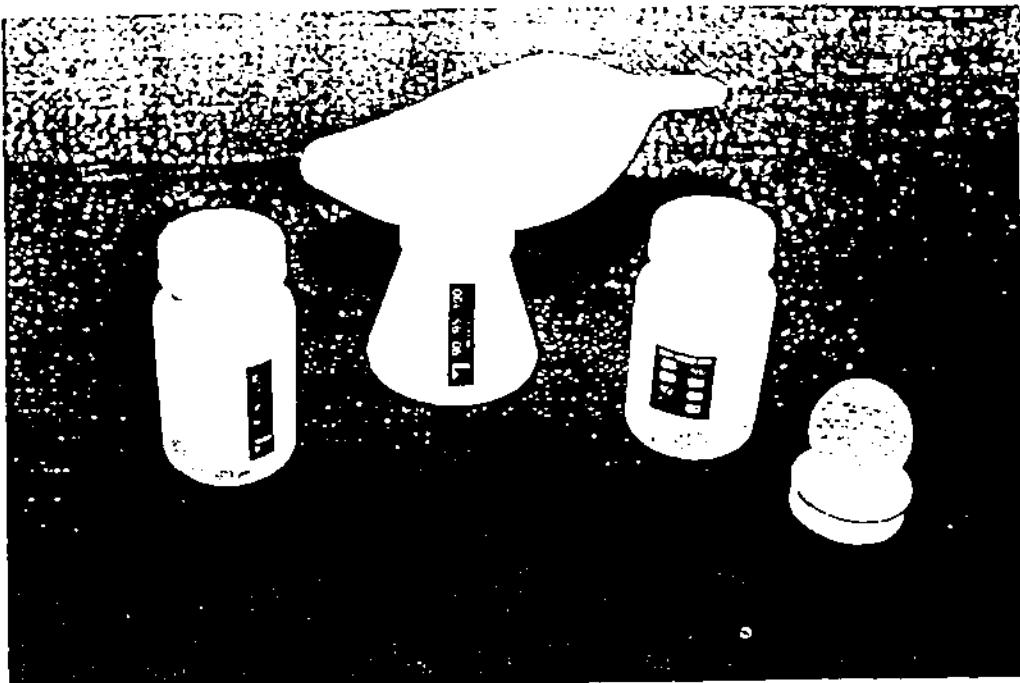
Index C

(Pictures are scaled to actual size)

C-1-4

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TO BE CERTAIN THE URINE SPECIMEN IS FRESH THE TEMPERATURE MUST BE TAKEN AT THE TIME OF COLLECTION.



MEDICAL IMPLEMENTS' LIQUID CRYSTAL THERMOMETER ACCURATELY MEASURES THE TEMPERATURE OF URINE

The National Institute on Drug Abuse (NIDA) Urinalysis Collection Handbook for Federal Drug Testing Programs published in September 1988 by the U.S. Department of Health and Human Services says a thermometer can be used to determine temperature of urine. The following statements are quoted from page 4.

- "Liquid crystal (thermometer)"
- "- attached to side of container"
- "- reacts to temperature changes within 15 seconds"
- "- no contamination problems"

If you are interested in conforming to the specifications outlined in the (NIDA Handbook) you must be certain that any temperature strip you are currently using is a liquid crystal thermometer.

OUR PATENTED LIQUID CRYSTAL THERMOMETER GIVES AN ABSOLUTE TEMPERATURE; a trend indicator does not. All trend indicators give relative temperatures having an offset value as high as 3 degrees F. Because our thermometer gives an ABSOLUTE reading, potential legal problems are significantly REDUCED.

MEDICAL IMPLEMENTS' LIQUID CRYSTAL THERMOMETER is available in three different types. Each thermometer reacts to the temperature change within seconds and displays the actual urine temperature, measuring from 88 to 102 degrees F. This temperature range meets the guidelines as specified in the Federal Register dated April 11, 1988.

Our thermometers are currently being used by the Military, Federal agencies, NIDA certified labs and several Fortune 500 companies.

OUR UNIQUE, CERTIFIED DRUG-FREE URINE COLLECTION KIT assures specimen integrity and adds dignity to the collection process. Many people cannot void into a standard urine bottle and some have difficulty using a "catch container." The WAY TO GO adaptor shield (patented) allows the patient to effortlessly collect a specimen. With the adaptor shield attached to the primary collection bottle, the collection process becomes easy-sanitary-dignified. Because the specimen does not have to be transferred from one container to another, most problems with sample identification, chain-of-custody and sample spilling have been significantly reduced. A double lined lid prevents our 90ml bottle from leaking.

NOW THAT YOU KNOW ABOUT THE "WAY TO GO" YOU DONT HAVE TO BE ALL WET!

MEDICAL IMPLEMENTS, INC.

1-800-228-8646

FAX# 1-804-379-7812

Attachment 1 to
Appendix C

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SAMPLE SPECIMEN BOTTLE LABELS

SPECIMEN _____

DATE _____ SSM _____

IND. INT. _____ COL. INT. _____

OR

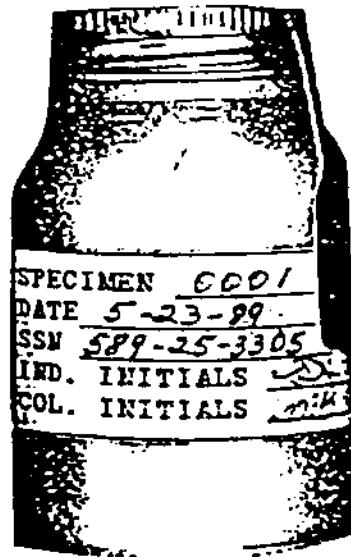
SPECIMEN _____

DATE _____

SSM _____

IND. INITIALS _____

COL. INITIALS _____



SAMPLE BOTTLE, LABEL AND TAMPER-PROOF TAPE

Attachment 2 to
Appendix C

PERMANENT RECORD BOOK

I certify that the above specimen identified on this form is my own; that it is fresh and has not been adulterated in any manner. The identification information provided on this line and on the collection bottle is correct.

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PERMANENT RECORD BOOK

I certify that the white specimen loaned to me on this form is my own; that it is fresh and has not been adulterated in any manner. The identification information provided on this line and on the collection bottle is correct.

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Date/Time of Collection	Tested Person's Name	Tested Person's SSN	Specimen Number	Type of Test	TEMP	Remarks	Collector's Signature	Certification Signature	Date
3-23-99 1015	John D Kenny	319-25-3305	0001	RT	41C	Bind & Performer RT Specimen	John D. Kenny 5/23/99		
5-13-99 1010	Macklyn Alberchi	500-60-1000	0002	RT	41C		John D. Kenny Macklyn Alberchi		
5-22-99 0445	Calvin W. Barnes	600-42-2832	0003	RT	41C		John D. Kenny Calvin W. Barnes		
5-13-99 1100	Donald D. Webb	641-79-0022	0004	All	35°	Specimen Cool + Faint blue + Direct observation Bind & Performer	Donald D. Webb John D. Kenny		
5-23-99 1200	Donald D. Webb	641-79-0042	0005	RT	41C	Bind & Performer RT Specimen	Donald D. Webb John D. Kenny		
5-23-99 1300	Francis R. Kliney	124-23-7820	0006	AT	41C		Francis R. Kliney 5/23/99		
5-19-99 1000	Louise M. Loo	444-53-2222	0007	RT	41C	Bind & Performer RT Specimen	Louise M. Loo 5/19/99		
5-26-99 1015	Kyle Washington	427-32-3111	0008	RT	41C	Faint blue +	Kyle Washington 5/26/99		
5-26-99 1030	Mike Tuttle	530-94-7844	0009	RT	41C		Mike Tuttle 5/26/99		
6-7-99 1100	A/ Gomez	520-49-2189	0010	AT	41C		A/ Gomez 5/26/99		

Attachment 4 to

URINE SAMPLE CUSTODY DOCUMENT

1. Submitting Agency	3. Laboratory Name & Address											4. Person Return To:					
2. Collection Site & Date																	
No.	5. Submitting Agency's Specimen Identification	6. SSN of Person Providing Specimen	7. Type of Test	8. Drugs Tested	A. Laboratory Accession Number											B. Laboratory Results	
01																	
02																	
03																	
04																	
05																	
06																	
07																	
08																	
09																	
10																	
11																	
12																	
9. I identify that I received all specimens and verified the identification on each sample bottle and the Chain of Custody document.													(Date)				
Signature of Collection Official																	
10. I received specimens from the evidence division property purchased, tested and retained by enforcement.													(Date)				
Signature of Purchasing OEM																	
11. Name of Shipment													(Date)				
12. I certify that the findings noted above accurately report testing results.													(Date)				
Name, Signature, and Title of Certifying OEM																	

Attachment 5 to

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/89

OHW 1279273

INSTRUCTIONS

SUBMITTING AGENCY INSTRUCTIONS

Block

Number

1. Name of submitting agency
2. Location of collection site and date
3. Testing Laboratory's mailing address
4. Address, Telephone, Fax to which results are sent
5. Specimen number assigned to each specimen
(bar code label permitted)
6. Full Social Security number of person for whom specimen was obtained
7. Enter code for type of test as follows:
AT = Applicant Testing
RT = Random Testing
RS = Reasonable Suspicion Testing
FU = Follow-up
AU = Accident or Unusual Practices
VT = Voluntary Testing
8. Enter letter designations as follows:
A = THC, Cocaine, Amphetamines, PCP, Opiates
B = THC, and Cocaine
C = Other Drugs (Specify in Remarks Section)

9. Name/Signature of collection official and date certified
10. Name/Signature of official releasing specimen(s) for shipment and date shipped
11. Indicate means of shipment (e.g., USPS, Federal Express)

LABORATORY INSTRUCTIONS

Block

Number

- A. Sequential assigned laboratory accession number
(bar code label permitted)
- B. Indicate laboratory result
- C. Indicate the accountable mode of transportation utilized in shipping the specimen
- D. Name/Signature of laboratory official receiving the shipment and date received
- E. Indicate condition of shipping container; if damaged describe damage in Block F
- F. Self-explanatory
- G. Printed name, signature, title of certifying official and date certified

REMARKS:

CHAIN OF CUSTODY

DATE	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE/REMARKS
	SIGNATURE	SIGNATURE	
	NAME	NAME	
	SIGNATURE	SIGNATURE	
	NAME	NAME	
	SIGNATURE	SIGNATURE	
	NAME	NAME	
	SIGNATURE	SIGNATURE	SAMPLE
	NAME	NAME	
	SIGNATURE	SIGNATURE	
	NAME	NAME	
	SIGNATURE	SIGNATURE	
	NAME	NAME	
	SIGNATURE	SIGNATURE	
	NAME	NAME	
	SIGNATURE	SIGNATURE	
	NAME	NAME	

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URINE SAMPLE CUSTODY DOCUMENT

1. Submitting Agency / Naval Aviation Depot (NavAvDep) / Naval Air Station, North Island Seal Beach, CA 90740		3. Laboratory Name & Address Commanding Officer, Navy Drug Screening Laboratory 1321 Gilbert Street Norfolk, VA 23511-2597		4. Return Results To: De Smith 400 W. 25th St. San Diego, Ca 92110	
2. Collection Site & Details / Naval Avn Depot / Bldg 94, Naval Air Station, North Island, CA Naval Avn Depot, CA 92110					
No.	B. Submitting Agency's Specimen Identification	C. SSN or Person Providing Specimen	D. Type Test	E. Drug Tested	F. Laboratory Results
01	0001	589-25-3305	RT	A	
02	0002	500-60-7000	RT	A	
03	0003	600-42-9532	RT	A	
04	0004	641-78-0022	RT	A	
05	0005	641-78-0022	RJ	A+C	<i>SAMPLE</i>
06	0006	124-22-7890	RT	A	
07					
08					
09					
10					
11					
12					
S A M P L E					
G. I certify that I received all specimens and verified their accuracy both the identification on each sample bottle and the Chain of Custody document.		C. Specimens Received From		D. Received By:	E. Condition:
Signature of Collection Official		(Date)		(Date)	<input type="checkbox"/> Undamaged <input type="checkbox"/> Damaged (describe in F)
H. I received specimens from the collection official, properly packaged, sealed and retained by the laboratory official.		F. Comments/Characteristics of Specimen Not Tested		(Date)	
Signature of Laboratory Official		(Date)		(Date)	
I. I certify that the findings noted above accurately report testing results.					
Name _____					
Signature _____					
Date _____					
J. M. Official					
K. DELIVERED TO Post Office					

Attachment 6 to

INSTRUCTIONS

SUBMITTING AGENCY INSTRUCTIONS

Block
Number

1. Name of submitting agency
2. Location of collection site and date
3. Testing Laboratory's mailing address
4. Address, Telephone, Fax to which results are sent
5. Specimen number assigned to each specimen
(bar code label permitted)
6. Full Social Security number of person for whom specimen was obtained
7. Enter code for type of test as follows:
 AT = Appellant Testing
 RT = Random Testing
 RS = Reasonable Suspicion Testing
 FU = Follow-up
 AU = Accident or Unusual Practices
 VT = Voluntary Testing
8. Enter letter designations as follows:
 A = THC, Cocaine, Amphetamines, PCP, Opiates
 B = THC and Cocaine
 C = Other Drugs (Specify in Remarks Section)

9. Name/Signature of collection official and date certified
10. Name/Signature of official releasing specimen(s) for shipment and date shipped
11. Indicate means of shipment (e.g., USPS, Federal Express)

LABORATORY INSTRUCTIONS

Block
Number

- A. Sequential assigned laboratory accession number
(bar code label permitted)
- B. Indicate laboratory result
- C. Indicate the accountable mode of transportation utilized in shipping the specimen
- D. Name/Signature of laboratory official receiving the shipment and date received
- E. Indicate condition of shipping container; if damaged describe damage in Block F
- F. Self-explanatory
- G. Printed name, signature, title of certifying official and date certified

SAMPLE

REMARKS:

- Test specimen #0005 (SSN 641-78-0022) for all "A" drugs
 plus LSD

CHAIN OF CUSTODY			
DATE	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE/REMARKS
5/23/89	SIGNATURE <i>Ronella M. Bolter</i> NAME <i>Ronella M. Bolter</i>	SIGNATURE NAME <i>Office safe</i>	storage during lunch period
5/23/89	SIGNATURE NAME <i>Office safe</i>	SIGNATURE NAME <i>Ronella M. Bolter</i>	continue collection
5/23/89	SIGNATURE <i>Ronella M. Bolter</i> NAME <i>Ronella M. Bolter</i>	SIGNATURE NAME <i>J.M. Official</i> NAME <i>J.M. Official</i>	hand deliver to Post office
	SIGNATURE NAME	SIGNATURE NAME	

SAMPLE

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URINALYSIS COLLECTION CHECKLIST

- ____ Determine who will be tested.
- ____ Establish adequate collection area.
- ____ Prepare bottle labels (see sample).
- ____ Prepare Permanent Record Book (see sample).
- ____ Assign specimen numbers.
- ____ Notify supervisors of personnel selected to be tested.
- ____ Assemble personnel being tested.
- ____ Verify identification of individual being tested.
- ____ Verify bottle is empty and clean.
- ____ In cases where the individual cannot or will not provide a sample, contact the DPC.
- ____ Ensure that the individual turns sample over to coordinator.
- ____ Inspect sample for color and measure bottle for temperature.
- ____ Complete permanent record book for individual.
- ____ Enter required information on label.
- ____ Secure bottle cap tightly.
- ____ Attach label to bottle.
- ____ Ensure that the individual verifies his/her data on specimen bottle label.
- ____ Ensure that the individual initials bottle label in space provided.
- ____ Ensure that the bottle contains at least 60 milliliters of urine (if less than 60 milliliters, follow guidance provided by DPC).

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- Apply tamper-resistant tape.
- Place sample bottle in box.
- Ensure that the individual verifies information and signs Permanent Record Book.
- Maintain continuous control of samples or complete proper documentation on Urine Sample Custody Document, OCPM 12792/2.
- Continue collection until all samples are collected.
- Ensure that the Urine Sample Custody Document, OCPM 12792/2 is properly completed using information on bottles not information in the Permanent Record Book.
- Verify social security numbers on labels against Urine Sample Custody Document, OCPM 12792/2 (two-party verification system recommended).
- Pack bottles for shipping or delivery.
- Place copy of Urine Sample Custody Document, OCPM 12792/2 in waterproof package in box.
- Seal box with tape - DO NOT USE MASKING TAPE.
- Sign name and date across top and bottom of taped box.
- Attach original of Urine Sample Custody Document, OCPM 12792/2 securely to outside of shipping container in packing slip envelope.
- Wrap shipping container in brown paper or outer mailing wrapper.
- Mail or hand-carry samples to NDSL.

AFIP DRUG DETECTION QUALITY CONTROL LAB SAMPLE LOG

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PROVIDED TO: DEPARTMENT OF THE NAVY, OFFICE OF CIVILIAN PERSONNEL MANAGEMENT DATE: 03 Apr 93

ITEM 1 AFIP QUALITY CONTROL SAMPLE	ITEM 2 AFIP FICTITIOUS SOCIAL SECURITY #	ITEM 3 SUBMITTING AGENCY # PERFORMANCE TEST	ITEM 4 DATE SUBMITTED FOR TESTING	ITEM 5 COMPOSITION OF SAMPLE
14	151-06-8903			NEGATIVE
15	291-17-7783			NEGATIVE
16	158-49-7557			NEGATIVE
17	413-53-0137			NEGATIVE
18	555-99-0348			POSITIVE FOR THC
19	487-87-9420			NEGATIVE
20	504-11-8117			NEGATIVE
21	010-67-0383		SAMPLE	NEGATIVE
22	380-53-0438		/	NEGATIVE
23	142-71-2516			POSITIVE FOR BENZOYLECGONINE
24	197-19-5894			NEGATIVE
25	314-17-2909			NEGATIVE

DATE POSITIVE QC (PERFORMANCE TEST) SAMPLES SPIKED: 21 Mar 93DATE POSITIVE QC (PERFORMANCE TEST) SAMPLES EXPIRE: 21 May 93

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Attachment 8 to
Appendix C

AFIP DRUG DETECTION QUALITY CONTROL LAB SAMPLE LOG

OCPMINST 12792.3A

1 CIP 133

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PROVIDED TO: DEPARTMENT OF THE NAVY, OFFICE OF CIVILIAN PERSONNEL MANAGEMENT DATE: 03 Apr 93

ITEM 1 AFIP QUALITY CONTROL SAMPLE	ITEM 2 AFIP FICTITIOUS SOCIAL SECURITY #	ITEM 3 SUBMITTING AGENCY	ITEM 4 DATE SUBMITTED FOR TESTING	ITEM 5 COMPOSITION OF SAMPLE
14	151-06-8903	AP0001	4-5-93	NEGATIVE
15	291-17-7783	AP0002	4-5-93	NEGATIVE
16	158-49-7557	AP0003	4-5-93	NEGATIVE
17	413-53-0137	AP0004	4-5-93	NEGATIVE
18	555-99-0348	AP0005	4-5-93	POSITIVE FOR THC
19	487-87-9420	AP0006	4-5-93	NEGATIVE
20	504-11-8117	AP0007	4-5-93	NEGATIVE
21	010-67-0383	AP0008	4-5-93	NEGATIVE
22	380-53-0438	AP0009	4-5-93	NEGATIVE
23	142-71-2516	AP0010	4-5-93	POSITIVE FOR BENZOYLECGONINE
24	197-19-5894	AP0011	4-5-93	NEGATIVE
25	314-17-2909	AP0012	4-5-93	NEGATIVE

SAMPLE

DATE POSITIVE QC (PERFORMANCE TEST) SAMPLES SPIKED: 21 Mar 93DATE POSITIVE QC (PERFORMANCE TEST) SAMPLES EXPIRE: 21 May 93

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Attachment 9 to
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NAVY DRUG SCREENING LABORATORIES

Commanding Officer
Navy Drug Screening Laboratory
1321 Gilbert Street
Norfolk, VA 23511-2597

Autovon: 564-8089/8120
Commercial: (804)
444-8089/8120

Unless specifically notified otherwise, all activities/commands
will send their samples to the NDSL, Norfolk.